(b) and (c) The Central Government Industrial Tribunal-cum-Labour Courts are quasi-judicial bodies and the Ministry does not normally interfere in their functioning. However, it has, from time to time, impressed upon the Presiding Officers the need to reduce the pendency in the disposal of cases. It has also made a specific provision in the Industrial Disputes Act by an amendment in 1982 so as to provide that the cases relating to individual workmen should be disposed of within a period not exceeding 3 months. Cases, however, take a longer time for disposal as the parties seek repeated adjournments or obtain a stay from the Higher Courts of Law.

At present there is no proposal to increase the number of Presiding Officers. However, approval has been received for setting up of 5 new Central Government Industrial Tribunal-cum-Labour Courts one each at Delhi, Chandigarh, Ahmedabad, Guwahati and Ernakulam.

Statement

No. of Cases Pending in CGITs situated in New Delhi, Mumbai, Chennai and Kolkata as on 31-5-2002

Sl. No.	Name of the CGITs	Cases Pending	Remarks
1.	Mumbai No. 1	197	=542
2.	Mumbai No. 2	345	
3.	New Delhi	1134	
4.	Kolkata	178	
5.	Chennai	436	

Functioning of ESI Hospitals

2435. SHRI C.P. THIRUNAVUKKARASU: Will the Minister of LABOUR be pleased to state:

(a) whether Government have reviewed the working of ESI hospitals;

(b) if so, the details thereof;

(c) whether the functioning is found to be satisfactory;

(d) if not, the reasons therefor;

(e) whether Government propose to open more ESI hospitals; and

(f) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF LABOUR (SHRI ASHOK PRADHAN): (a) to (d) Yes, Sir. The Government constituted a Committee on 22.7.98 under the Chairmanship of Shri S.R. Sathyam to review the services provided in the ESI Hospitals/Dispensaries. The Committee submitted its report on 14.1.1999.

The short term recommendations of the Sathyam Committee such as enhancing the ceiling on medical care for Insured Persons to Rs. 600/-, issue of identity cards to insured persons, creation of posts in the medical scheme as per ESI norms, issue of common guidelines in respect of reference of cases to non-ESI institutions, enhancing of in-house capabilities to minimize referrals to other institutions, introduction of health record booklet for each beneficiary, preparation of list of formularies and rate contract, no specific reservation in favour of small scale industries sector for supply of medicines, quality control checks in purchase of medicines, penal action for supply of sub-standard drugs, purchase of medicines in strip packs, provision of medicines for supply by the hospitals or specialist clinics for a minimum period, streamlining the purchase procedure with adequate delegation of powers, have been accepted.

The long term recommendations like parity in all respects with medical officers of ESI Scheme and their counterparts in the general health services, contractual arrangements for running ambulance services, cleaning, security, laundry, kitchen and maintenance of equipments etc. have been approved.

Recommendation such as grant of exemption in the event of both the employer and employees unanimously requesting for exemption, flow of funds from ESIC directly to the State Government ESI Schemes, privatization of hospital management, and introduction of IMP system are at different stages of examination for implementation.

(e) and (f) There is a proposal for construction/commissioning of the ESI Hospitals at Chandigarh (UT), Kolhapur (Maharashtra), Bivewadi-Pune (Maharashtra), Chinchwad-Pune (Maharashtra), Mandigobindgarh (Punjab), Rourkela (Orissa), Jammu (J&K), Gurgaon (Haryana), Bhiwadi (Rajasthan), Ranipet (Tamil Nadu), Tirunelveli (Tamil Nadu) and Ankleswar (Gujarat).